



**City of Minneola**  
 800 N. US Highway 27  
 Minneola, FL 34715  
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## AFFIDAVIT FOR ROOF REPLACEMENT

FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES. PERMIT NO. \_\_\_\_\_

I, the undersigned, acknowledge that the roof is being replaced on the building located at \_\_\_\_\_  
 \_\_\_\_\_ and hereby attest to the following:

Please check only one:

The building is insured but the insured value is less than \$300,000.

The building is insured and the insured value is \$300,000 or more.

The building is uninsured and has a just valuation for the purpose of ad valorem taxation of less than \$300,000.

The building is uninsured and has a just valuation for the purpose of ad valorem of \$300,000 or more.

I understand that if the building has an insured value of \$300,000 or more or, if the building is uninsured and has a just valuation for the purpose of ad valorem taxation of \$300,000 or more, that *in addition to* strengthening the roof-deck attachment and fastening, and providing a secondary water barrier, the roof to wall connections shall be improved in accordance with Section 101.2 of the Hurricane Mitigation Retrofits Manual.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name Printed: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_.

Personally Known \_\_\_\_\_ OR

Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Notary Seal Below

\_\_\_\_\_  
 (Signature of Notary Public-State of Florida)

\_\_\_\_\_  
 (Print, Type or Stamp Commissioned Name of Notary Public)